

Achieving Safety, Permanency, and Well-Being for all Mississippi Children: A Position Paper*

Submitted by:
Mississippi's Children Home Services

Continuum of Care Model (CCM) for Children and Families

Mississippi's children and families represent our future; they can achieve great things, but only if we are prepared to help. The *vision* of this Continuum of Care Model (CCM) is to assure that each child and family receives the support, training, treatment, and coordinated care and services they need to thrive in a *permanent, loving* home within a *safe* and supporting community. This aspiration can only be accomplished through a coordinated child welfare partnership between communities and the public and private providers across the state.

Espoused Values of the CCM

1. Mississippi's children and families face many challenges. The purpose of this CCM would be to understand and solve problems creatively in *full partnership* with the state.
2. CCM members would support the development of a coordinated, family-centered, and community-based array of services.
3. CCM members would work together in the belief that focused and collaborative activity best serves both the consumer and the state.
4. CCM members would expect to be judged by our outcomes.
5. Solutions to the problems of Mississippi's children and families should be consumer-driven and lie within the vision and experience of Mississippi's families and agencies.

The Need for a New Look at Child Welfare in Mississippi

Despite hard work and good intentions, the needs of children and families have not been met. The objectives of supporting and protecting vulnerable children and families require that we re-think the status quo. *New ideas, new relationships, and new solutions* are needed.

Today, our service delivery system for children and families is fragmented, uncoordinated, and does not consistently yield the outcomes our children and families deserve. Our families too often lack the support, resources, empowerment, and skills they need to parent their children and create permanent, loving, and safe homes - homes where children not only survive, but thrive. Without this support, too many children are removed from their communities. The children in out-of home care are often separated from their siblings, removed from family support systems, and enter a revolving door of multiple, transient, failed placements.

Collectively, we are strongly committed to focusing on *permanency*. We believe in the utilization of all options: family preservation, reunification, placement in kinship care, guardianship, and adoption. The lack of a coordinated effort has resulted in over-utilization of out-of-home placements and has siphoned valuable resources from providing permanency for our children. With the best intentions, we have set the stage for the next generation to repeat this pattern with their children.

The time has come for public agencies, providers, and communities to work hand-in-hand, to forge a new, coordinated CCM with our children and families. This private/public partnership would include a collaborative approach towards maximizing both state and federal funds. To achieve the mutual goals of safety, permanency, and well-being, together, we must create a system of care where children and families benefit from continuity of services which are:

- *community-based*
- *family-centered*
- *youth and family guided*
- *outcome informed*
- *responsive to the changing needs*
- *comprehensive in scope*
- *cost effective*
- *evidence demonstrable outcomes of safety, permanency and well-being.*

What would such a system look like?

- An array of services which are *regionally managed and available* throughout Mississippi. These coordinated regional networks would provide
 - State contracts with regional providers for case and care management of all child welfare services (assessment, out-of-home emergency care, in-home services, reunification, family preservation, foster care, and adoption services). Each region will have one main lead contractor, who subcontracts with local community providers within the region.
 - Each region will have one main lead contractor, who will provide 24-hour intake, emergency response through its own services and subcontracts with local community providers within the region
 - Case management and an array of basic services to promote safety and permanency will be available to and managed through local networks
 - Commitment to the goal - one family, one case manager
 - Other, more specialized services available through preferred providers on a state-wide basis
 - A state-wide framework for a system that includes 24-hour intake, emergency response, computerized information management and case record systems, outcome tracking, and quality assurance. The above will be the responsibility of each region.

Attached, find Figure 1 depicting the complimentary systems and coordinated relationships necessary to achieve the central goals of safety, permanency, and well-being. Also, please find Figure 2 depicting the necessary components within a Regional Care Management system that buttress the central goals of safety, permanency, and well being.

- A *comprehensive case management system*, where local case management networks would coordinate the necessary treatment, care and services the child and family may require achieving the goals of safety, permanency and well-being.
- *New/enhanced services* to meet the changing needs of children and families, including
 - Improved assessment services to determine what it will take to maintain children safely in their homes and communities, and to return children to safe and permanent homes
 - Increased number and utilization of prepared and supported foster homes
 - More foster homes that can service special needs children (MRDD, sex offenders, medically fragile children, substance abusers, dual diagnosis) and specialized uses, such as emergency shelter care and respite care.
 - Supports to increase safe kinship placement
 - Specialized services for low incident and high intensity cases will be created and available on a state-wide basis
- State-wide, each region would develop *contractual/affiliate agreements* with providers to deliver more highly-specialized services where necessary, to support children and families i.e., sexual offender treatment, dual diagnosis treatment, etc.
- Such a system cannot be successful without a full commitment to the kinds of *outcomes* that illustrate success for children and families, and document cost effectiveness and efficiency in the delivery of services. In order to track these outcomes, a systematic, centralized, tracking system would be developed, maintained, analyzed, and consistently reported. A sample of some of the outcomes related to safety, permanency, and well-being will include:
 - Every reasonable effort will be made to maintain children safely in their homes, as an alternative to removal
 - Services will be appropriate to the assessed need and will remain responsive to their changing needs
 - Families will be supported by intensive services and supervision to provide safe homes as an alternative to removal
 - Most of the children requiring placement are placed in a family-like setting in or near their community
 - All families will receive needed supports and interventions while children are in out-of-home care
 - Children will not experience abuse or neglect while in out-of-home placement
 - Children will be free from abuse or neglect after permanency has been achieved
 - A high percentage of children served will reach permanency within a short-time of referral

- Wherever possible children are placed with their siblings
- Beyond safety and permanency, children and families will achieve higher levels of well-being, i.e., mental health status/functioning, academic functioning, peer relationships, etc.
- The CCM will work in partnership with the state to develop outcomes and measuring performance in the key areas such as its ability to support children: remaining in their home, being served in a family like setting close to their home community, not experiencing abuse or neglect in out-of-home placement, not requiring removal from the placement once permanency has been achieved, reaching permanency quickly, being placed with their siblings, and experiencing as few number of placements as possible.

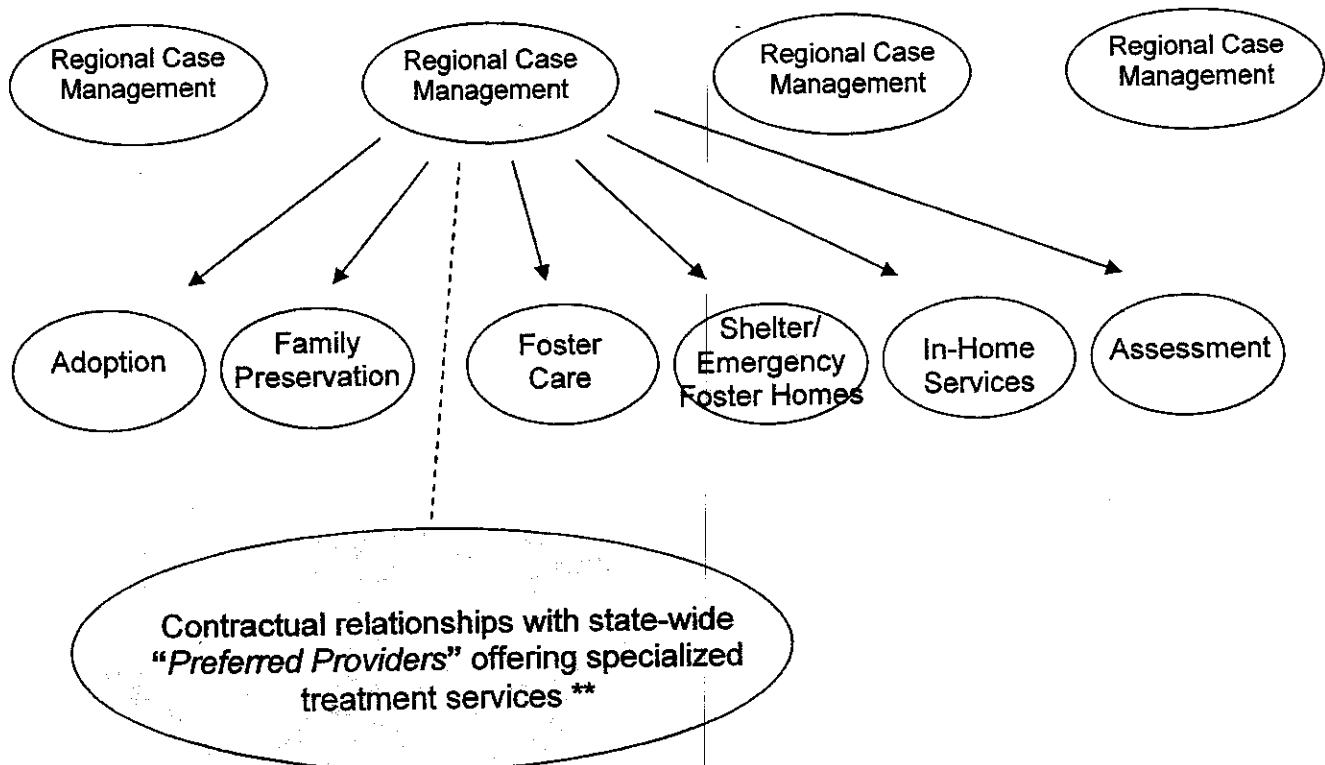
Closing Statement

The greatest resource we have to offer the children and families of Mississippi involved with the child welfare system is the combined passion, resources, experience, knowledge, and commitment to their success found in genuine partnership between public and private providers. The CCM is committed to do just that. Each CCM member would have a strong history of tireless work on behalf of children and families. However, to realize the full impact of these efforts, a coordinated approach is required. As part of a CCM, each provider would be committed to work as full partners with the state and its communities to support strong families and safe, thriving children. Together, we can assure a bright future...*our future*...for Mississippi's children and families.

*This position paper was the result of collaborative dialogues with other private, community providers during the Spring of 2006.

Continuum of Care Model: Organizational Schematic

Regional Case Management/Service System *



* In addition to the services listed above, each of the DHS Regions would also be responsible to provide 24-hour referral and client support, as well as an information and outcome management system consistent with state-wide standards.

** **Specialized treatment services** may include, but not be limited to, sex offender treatment, A&D services, PRTF, group home care, treatment for medically fragile populations, independent living, acute hospitalization, etc.

Figure 1

Regional Case Management & Service Capacity

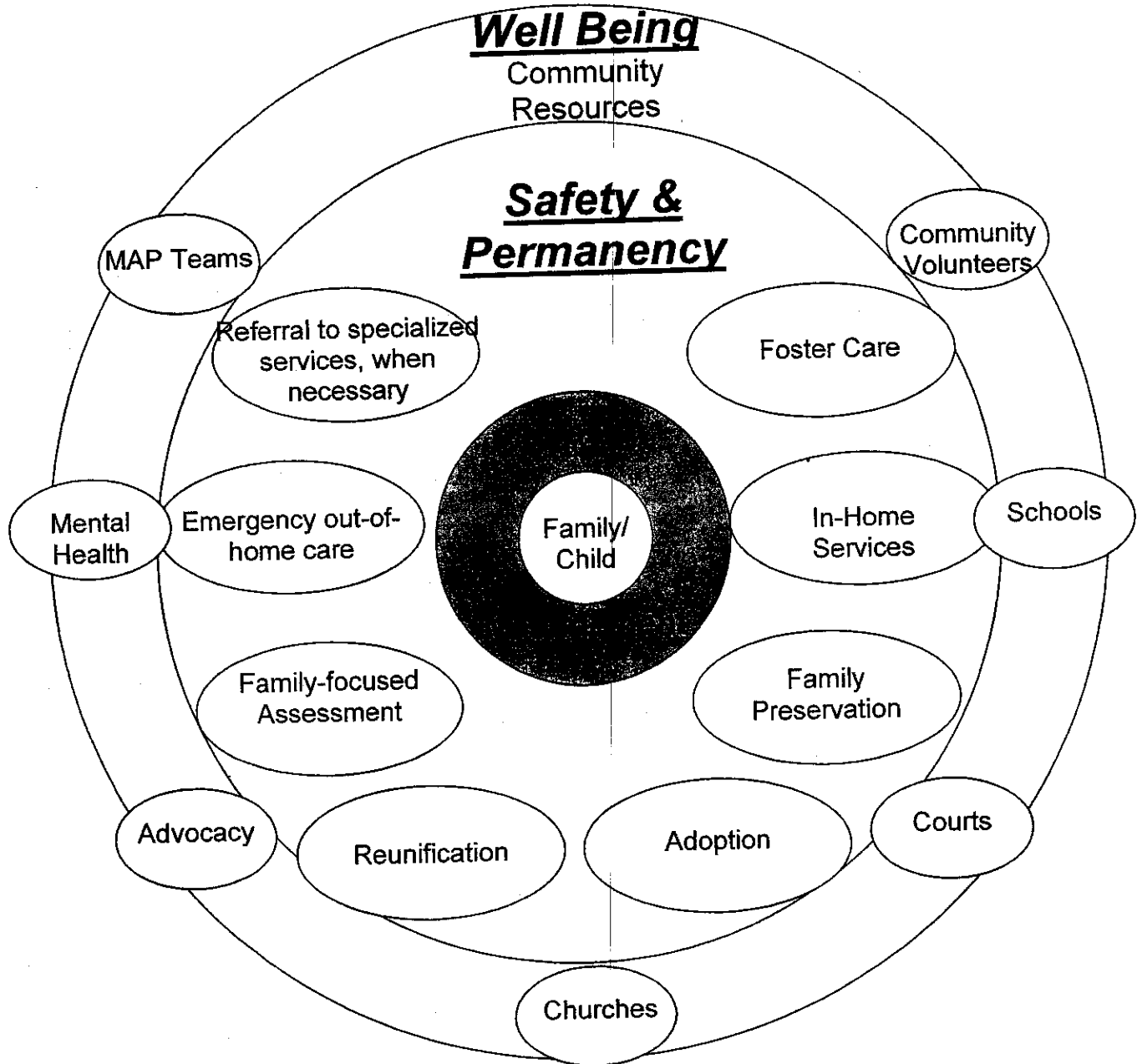


Figure 2